CITY OF SMITHS STATION P. O. BOX 250 2336 LEE ROAD 430 SMITHS STATION, AL 36877

(334) 297-8771 FAX# (334) 448-8422

Please mark one of the following:		
Solid Waste Cancellation Form		
Solid Waste Suspension Form		
Date:		
Name:		Account #
Physical Address:		
New Mailing Address:		***************************************
Home #:	Work #:	Cell #:
NOTE: PLEASE PROVIDE A COPY OF DRIVER'S LICENSE		
Reason for Cancellation/Suspension:		
-1-0-1-0-1		
IF PROPERTY IS SO	LD PROVIDE NEW OWN	IER INFORMATION BELOW:
NAME:		
CONTACT INFORMA	ATION:	
Signature:	ture: Date:	
<u></u>	FOR INTERNAL US	BE ONLY
DATE REQUESTED:	REQUESTED BY:	
REFUND DUE: YES N	O AMOUNT OF REFUND:	CHECK NO:
ISSUE DATE:	AUTHORIZED BY:	